



STATEMENT FROM LANDLORD/MANAGER

LOCAL OFFICE

TELEPHONE NUMBER

ACES CLIENT IDENTIFICATION NUMBER

DATE

PROPERTY OWNER OR AUTHORIZED MANAGER:
Complete all sections below with only the information
you know to be true. Write "unknown" to questions you
cannot answer. (Do not leave any box blank.)

The Department of Social and Health Services is in the
process of determining this client's eligibility. Please
provide the information requested below.

FINANCIAL SERVICES SPECIALIST'S SIGNATURE

A. Rental or leased unit and tenant information:

1. STREET ADDRESS		APARTMENT (APT) NUMBER		5. NAMES OF ALL ADULTS AND CHILDREN LIVING AT THIS ADDRESS	
CITY		STATE ZIP CODE			
2. TENANT'S NAME					
3. DATE MOVED IN		4. TYPE OF RESIDENCE		Attach more pages if needed.	

B. Rent information:

6. NAME OF PERSON(S) PAYING THE RENT		7. CURRENT RENT AMOUNT \$	8. DATE THIS AMOUNT STARTED \$	9. DO THEY PAY BY CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. ANSWER THESE QUESTIONS BY CHECKING:				
YES NO				
Does the tenant pay only a portion of the rent? <input type="checkbox"/> <input type="checkbox"/> How much: \$ _____				
Is this subsidized housing? <input type="checkbox"/> <input type="checkbox"/> What agency: _____ How much: \$ _____				
Is someone else paying part or all of the rent? <input type="checkbox"/> <input type="checkbox"/> What agency: _____ How much: \$ _____				
Does the tenant work for a portion of the rent? <input type="checkbox"/> <input type="checkbox"/> How much: \$ _____				

C. Utilities information: Mark the box(es) that apply.

11. The main source of heating for this residence is: <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (specify): _____		14. Are all utilities included in the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, mark the box(es) the tenant pays for: <input type="checkbox"/> Electric <input type="checkbox"/> Water/sewer <input type="checkbox"/> Gas <input type="checkbox"/> Telephone <input type="checkbox"/> Propane <input type="checkbox"/> Garbage <input type="checkbox"/> Wood <input type="checkbox"/> Other (specify): _____	
12. Is there a separate meter for gas and electric? YES NO <input type="checkbox"/> <input type="checkbox"/>			
13. does the tenant pay for air conditioning? YES NO <input type="checkbox"/> <input type="checkbox"/>			

15. LANDLORD/MANAGER'S NAME		16. Property Owner's Name (If different from Landlord/Manager)	
STREET ADDRESS OR PO BOX NUMBER		OWNER'S NAME	
CITY STATE ZIP CODE		STREET ADDRESS OR PO BOX NUMBER	
WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER	CITY STATE ZIP CODE	
LANDLORD/MANAGER SIGNATURE	DATE	WORK TELEPHONE NUMBER	HOME TELEPHONE NUMBER

TO BE COMPLETED BY FINANCIAL SERVICES SPECIALIST:

	YES	NO	
Is this form completely filled out, signed, and dated by the landlord?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you take any other action?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to determine shelter and utility expenses?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you request additional verification from the client?	<input type="checkbox"/>	<input type="checkbox"/>	
Is only one household living at this address?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you request verification of household composition and other information?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the landlord provide information that is consistent with the client's statement?	<input type="checkbox"/>	<input type="checkbox"/>	
If no, did you review the case record to determine any missing information?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
If the landlord is living at this address, did you request a shared living arrangement form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>